

**PROTOCOLS, MEDICATIONS AND DEVICES COMMITTEE
MINUTES
February 19, 2004**

MEMBERS PRESENT

John Gallagher III	Janine Anderson	Steven Curry
Patricia Ellis	Charles Finch	Rob Jarvis
Sue Kern	Terence Mason	
Terry Shine	David Bank (non-voting)	

MEMBERS ABSENT

Marc Holyfield

I. CALL TO ORDER

John Gallagher called the meeting to order at 1:01 p.m.

II. DISCUSS/AMEND and APPROVE AGENDA

Motion by Janine Anderson, seconded by Sue Kern, to approve the agenda as presented. Motion carried by vote of 7 (yes) to 0 (no).

III. DISCUSS/AMEND and APPROVE MINUTES – September 25, 2003

Motion by Janine Anderson, seconded by Sue Kern, to approve the Minutes as presented. Motion carried by vote of 7 (yes) to 0 (no).

IV. CHAIRMAN'S REPORT

John Gallagher reported that PMD had several drugs to consider today for optional or mandatory addition to the Drug List for use by ALS Personnel. He also stated that MDC recently approved recommending to the Department that Diltiazem be added as an optional drug in R9-25-803, Exhibit 1 for ALS personnel.

V. OLD BUSINESS

Update on Revision of ADHS Recommended Minimum Standard Pediatric Prehospital Protocols used by Arizona Emergency Medical Technicians: Presented by Vicki Conditt / David Bank, M.D.

Dr. David Bank identified that at the last PMD meeting, the committee supported developing minimum standard statewide pediatric protocols for Arizona and gave each of the Regional Councils assignments for development of key protocols. To date, the northern regional council has completed drafts for their two assigned protocols; the central regional council has completed two of their four assigned protocols; and nothing has been submitted from the southeastern and western regional councils. Dr. Banks provided copies of these draft protocols to the committee members. Dr. Bank proposed that one more attempt be made to obtain the protocols from the southeastern and western regional councils; and if they are unable to provide the protocols that they be reassigned for completion.

Dr. Bank then reiterated the next steps in the process. Specifically, that the revised protocols would be reviewed and approved by the Regional Councils. The revised protocols would then be forwarded for review and approval to the PMD Pediatric Protocol Subcommittee, then PMD, then Medical Direction Commission, and then EMS Council. The final protocols would then be approved by ADHS and filed with the Office of the Secretary of State as Substantive Policy Statements or Guidance Documents.

Dr. Bank also noted that after all the draft protocols are completed; additional review of the algorithmic format of the protocols and the use of shading, boxes, and arrows will be needed.

VI. NEW BUSINESS

A. Discussion and Action on Creation of a Drug Profile for Nalmefene HC1, a Drug Listed in R9-25-803, Exhibit 1: Presented by John Gallagher, M.D.

John Gallagher introduced the agenda item. He discussed the need to change "waiver drugs" from replacement drugs (for use when other specific drugs are not available) to optional drugs. Dr. Gallagher requested that the addition of Nalmefene HC1, as an optional drug in R9-25-803, Exhibit 1 for ALS personnel, be put on the next PMD meeting agenda.

Regarding this item, the Committee discussed the process for drug profile development and the benefit of having PMD develop and approve drug profiles.

The Committee discussed the drug and the drug profile and expressed support for the Drug Profile for Nalmefene HC1 as written. Dr. Gallagher made a motion that the Committee recommend to the Department that the drug profile be adopted. Dr. Charles Finch seconded the motion. The motion passed by vote of 7 (yes) to 0 (no).

B. Discussion and Action on Diltiazem Profile(s): Presented by John Gallagher, M.D.

John Gallagher introduced the agenda item. He identified that MDC and EMSC have approved recommending to the Department that Diltiazim be added as an optional drug in R9-25-803, Exhibit 1 for ALS personnel. Diltiazim is already in R9-25-803 on the interfacility drug list. Therefore, PMD needs to review the current Diltiazim drug profile, to create one drug profile that is appropriate for both emergency and interfacility transports.

The Committee discussed the profile and expressed support for approving the newer drug profile recently developed for emergency transport, with the following changes:

Add the following language under Route of Administration:

"Continuous infusion for maintenance

Standard solution: Dilute 100mg (20ml) in NS 100ml (1 mg/ml)

Dosage: 5 to 10 mg/hr initially; may be adjusted to 15mg/hr if needed"

Patricia Ellis made a motion that the Committee recommend to the Department that the drug profile be adopted. Rob Jarvis seconded the motion. The motion passed by vote of 8 (yes) to 0 (no).

C. Discussion and Action on the Use of Dexamethasone as an Optional Drug Instead of its Current Usage as a Waiver Replacement for Methylprednisolone: Presented by John Gallagher, M.D.

John Gallagher introduced the agenda item. He stated that since December 11, 2003, Dexamethasone has been approved as waiver replacement for methylprednisolone. He expressed support for adding it as an optional drug in R9-25-803, Exhibit 1. The Committee discussed the benefits of the drug and expressed support for adding the drug as optional to the drug list.

Patricia Ellis made a motion that the Committee recommend to MDC that the drug be added as an optional drug in R9-25-803, Exhibit 1 for ALS personnel, with the concentration and supply range identified in the current drug profile. Sue Kern seconded the motion. The motion passed by vote of 8 (yes) to 0 (no).

D. Discussion and Action on the Use of Xopenex as an Optional Drug in Place of Albuterol: Presented by Charles Finch, D.O.

Charles Finch introduced the agenda item. He discussed the clinical outcome and survival benefits of the drug. He expressed his support for adding it as an optional drug in R9-25-803, Exhibit 1 for ALS personnel. He stated that he brought the drug to PMD for general discussion of the drug benefits. Dr. Gallagher expressed general support because of the clinical outcome benefits, but expressed concern regarding the cost of the drug. Dr. Bank stated that there really was not a good study supporting that Xopenex is as or more beneficial than Albuterol in a prehospital setting.

Patricia Ellis made a motion that the Committee recommend to MDC that the drug be added as an optional drug in R9-25-803, Exhibit 1 for ALS personnel. Sue Kern seconded the motion. The motion passed by vote of 8 (yes) to 0 (no).

E. Discussion and Action on the addition of Vasopressin as an optional or mandatory drug to the Drug List for use by ALS Personnel: Presented by John Gallagher, M.D.

John Gallagher introduced the agenda item. He discussed the benefits of the drug and expressed his support for adding it as an optional drug in R9-25-803, Exhibit 1. The Committee discussed the benefits of the drug and expressed support for adding it as an optional drug in R9-25-803, Exhibit 1 for ALS personnel.

Patricia Ellis made a motion that the Committee recommend to MDC that the drug be added as an optional drug in R9-25-803, Exhibit 1 for ALS personnel. Sue Kern seconded the motion. The motion passed by vote of 7 (yes) to 0 (no).

F. Discussion and Action on the addition of Ondansetron (Zofran) as an optional or mandatory drug to the Drug List for use by ALS Personnel: Presented by Terence Mason

Terence Mason introduced the agenda item. He discussed the clinical benefits of the drug. He expressed his support for adding it as an optional drug in R9-25-803, Exhibit 1 for ALS personnel. Janine Anderson expressed concern regarding the cost and the possibility that the Committee is adding too much to the drug box. Dr. Finch expressed support for adding the drug.

Terence Mason made a motion that the Committee recommend to MDC that the drug be added as an optional drug in R9-25-803, Exhibit 1 for ALS personnel. Charles Finch seconded the motion. The motion passed by vote of 6 (yes) to 1 (no), with Janine Anderson voting no.

G. Discussion and Action on the addition of Lorazepam as an optional or mandatory drug to the Drug List for use by ALS Personnel: Presented by Terence Mason

Terence Mason introduced the agenda item. He discussed the clinical benefits of the drug. He expressed his support for adding it as an optional drug in R9-25-803, Exhibit 1 for ALS personnel. Committee members expressed concerns regarding the drug, because of the need to refrigerate the drug and the need to add another optional drug of this type. Dr. Mason reiterated his support and his belief that the drug is more effective than other similar drugs. He stated that he brought the drug to PMD for general discussion of the drug benefits and understands that it may need further review. Dr. Finch expressed support for adding the drug.

Terence Mason made a motion that the Committee recommend to MDC that the drug be added as an optional drug in R9-25-803, Exhibit 1 for ALS personnel. Charles Finch seconded the motion. The motion failed by the following vote:

John Gallagher (no)	Janine Anderson (no)
Steven Curry (no)	Patricia Ellis (no)
Charles Finch (yes)	Rob Jarvis (no)
Sue Kern (no)	Jane Lee (no)
Terence Mason (yes)	Terry Shine (no)

H. Information only on the Revision of Adenosine Supply Range, a Drug Listed in R9-25-803, Exhibit I

Dr. Gallagher disseminated a letter from Dr. Michel Sucher, BEMS, Acting Medical Director, regarding the recent revision of the supply range to meet current market availability.

VII. CALL TO THE PUBLIC

- Rob Jarvis requested that combitube for EMT-B use be considered at a future PMD meeting.
- Janine Anderson requested that a drug box change of format to eliminate concentrations be put on the agenda of the May 13, 2004 PMD meeting.

VIII. MEMBERS' EDUCATIONAL and INFORMATIONAL ANNOUNCEMENTS

None

IX. NEXT MEETING

John Gallagher reported that the next meeting of the PMD Committee is scheduled for May 13, 2004, at 1:00 p.m. This meeting will be at the ADHS Building located at 150 North 18th Avenue, 5th Floor, Phoenix.

IX. ADJOURNMENT

John Gallagher adjourned the meeting at 1:53 p.m.

Minutes prepared by: Dona Marie Markley
Approved by Committee on 9/16/04